

CAAC 2010 Summer Registration Sheets

Member Registration

Last Name: _____
 Address: _____ Zip: _____
 City: _____
 Phone: (H): _____
 Cell: _____
 Emergency Contact: _____
 Phone: _____

Member Type: Family Individual
 Couple

Pass Type: Resident
 Non-Resident

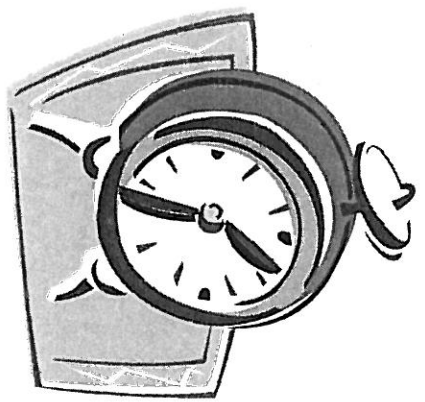
Cost: \$ _____

Family Information:
 *Only the family members claimed on income tax forms.
 Refunds are not given for false information.

Name: _____ (FIRST) (LAST)
 Name: _____ (FIRST) (LAST)
 Name: _____ (FIRST) (LAST)
 Name: _____ (FIRST) (LAST)
 Name: _____ (FIRST) (LAST)

Registration may be sent to:
 Make checks payable to: CAAC
 Columbus City Hall
 c/o CAAC Memberships
 105 North Dickason
 Columbus, WI 53925

CAAC fees are separate from recreation fees. Additional forms and information can be found at
www.cityofcolumbuswi.com or on the web
<http://caac-columbusraaquaaticenterwi.blogspot.com/>



It's time to get ready for summer at the CAAC!

Prices
 Day Pass: \$4.00
 6-8 PM: \$2.00

Membership Rates:

<u>City of Columbus Resident</u>	
Family	\$160.00
Couple	\$120.00
Individual	\$65.00
<u>Non-Resident</u>	
Family	\$190.00
Couple	\$140.00
Individual	\$75.00

A ten-pack of individual passes is available for only \$30.

Program Registration

Swim Lessons: CAAC Member \$35/session
 Non Member \$55/session
 Swim Team: CAAC Member \$55
 Non Member \$75
 (\$125 max/ family Swim Team Only)

Parent/Guardian: _____
 Address: _____ Zip: _____
 City: _____
 Phone (H): _____
 Cell: _____
 Emergency Contact: _____
 Phone: _____

Participant: _____
 DOB: _____ Daycare/School: _____
 Swim Lessons Member Non Member
 Session: _____ Level: _____ Time: _____
 Swim Team Member Non Member

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 DOB: _____ Daycare/School: _____
 Swim Lessons Member Non Member
 Session: _____ Level: _____ Time: _____
 Swim Team Member Non Member

Participant: _____
 DOB: _____ Daycare/School: _____
 Swim Lessons Member Non Member
 Session: _____ Level: _____ Time: _____
 Swim Team Member Non Member

Liability Waiver: I hereby certify that my child is/are in normal health and capable of safe participation in CAAC Swimming programs. I assume all risk and hazards incidental to the conduct of this program. I hereby authorize medical treatment for my child in the event that a parent cannot be reached.

Signature: _____
 Date: _____